

The National Children's Mental Health and Wellbeing Strategy

The National Children's Mental Health and Wellbeing Strategy is focused on children aged 0-12. It is a plan for how we can help children, their families and their communities to feel their best.

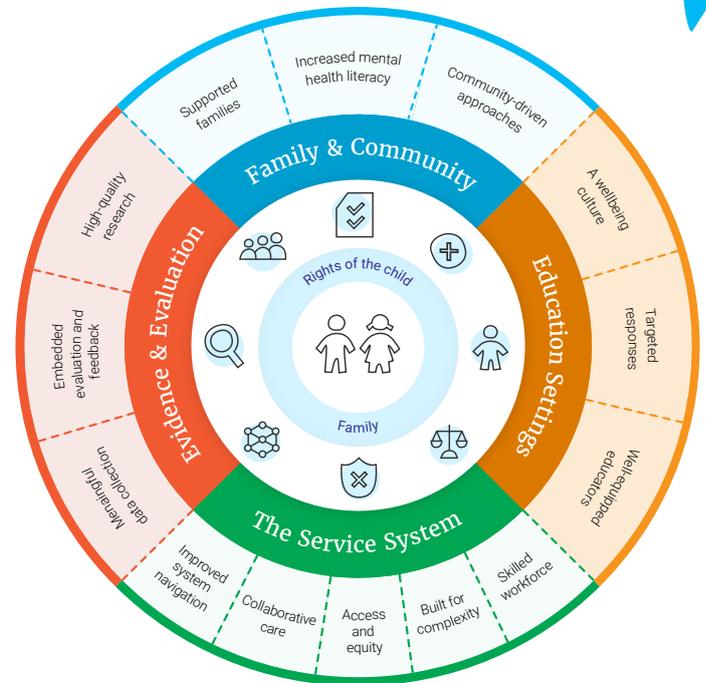
The Children's Strategy talks about all the types of environments children live, learn and play in. It has four focus areas:

1. Family and Community

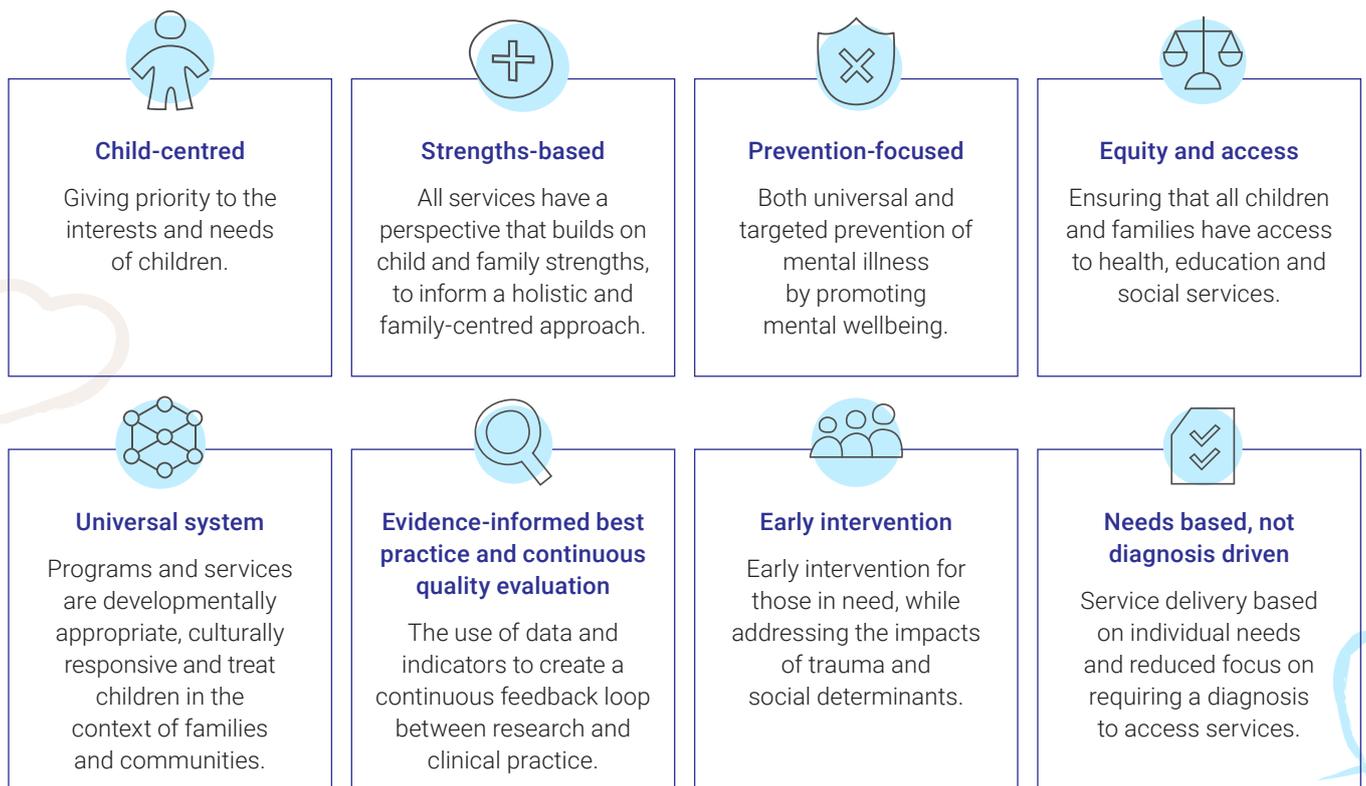
2. The Service System

3. Education Settings

4. Evidence and Evaluation



The wheel shows all the focus areas, and their objectives. The objectives are the ways we can improve our approach to children's mental health in each area. To really support children's mental health and wellbeing, all these objectives are important. In the middle of the wheel are the principles of the Children's Strategy.





Focus area 1: Family and Community

Priority actions in focus area 1 are:

- Increase parent and carer mental health literacy and their skills to support child mental health and wellbeing, via:
 - Routine offering of evidence-based parenting programs at key developmental milestones (action 1.1.c)
 - Emotional wellbeing modules embedded in antenatal and parenting courses (action 1.1.f)
 - Widely accessible evidence-based resources building on existing initiatives (action 1.1.b)
 - A national campaign promoting the value of parenting programs (action 1.1.d).
- Support communities with the highest levels of need to address social and economic disadvantage (action 1.3.a) through:
 - Implementation of tailored programs focused on improving children's mental health and wellbeing based on the key characteristics of successful place-based approaches (action 1.3.b).

Focus area 2: The Service System

Priority actions in focus area 2 are:

- Improve the capacity of systems to deal with complexity through:
 - Trialling (networked) sites in both urban and rural areas of a service model of integrated child and family care that exclusively provides holistic assessment and treatment for children 0-12 years old and their families (action 2.1.c)
 - Trialling sites with innovative service delivery models that integrate face-to-face and telehealth consultations, digital interventions, and phone helplines (action 2.3.c)
 - Providing support based on genuine co-design with children and families involved in the design, delivery and evaluation of services (action 2.3.e)
 - Allocating funding for care coordination for families with complex needs (action 2.4.a)
 - Requiring all government departments to outline and regularly report on what they do to support children in State care (action 2.4.d), providing priority access to relevant services (action 2.4.c).
- Amend current Medicare items to promote collaborative care including:
 - Enabling all providers (regardless of discipline) to claim for case conferencing (action 2.2.a)
 - Enabling providers to claim for consultations with parents and carers (without the child present) as part of the child's care (action 2.2.c)
 - Requiring providers to communicate with educators and other service providers about a child's treatment and support plan (action 2.2.d).

Focus area 3: Education Settings

Priority actions in focus area 3 are:

- Ensure educators are well-equipped to support child mental health and wellbeing by:
 - Requiring all early childhood learning services and primary schools to have a comprehensive wellbeing plan for their students (action 3.2.a)
 - Providing funding to implement quality improvement activities and delivery of evidence-based programs targeting needs identified in wellbeing plans (action 3.2.b, 3.2.c)
 - Having a designated wellbeing staff member in all early childhood learning services and primary schools who is responsible for planning and coordinating wellbeing activities, including the development of wellbeing plans (action 3.1.b, 3.1.c).

Focus area 4: Evidence and Evaluation

Priority actions in focus area 4 are:

- Ensure better collection and use of data through:
 - Establishing Inter-Departmental Committees to resolve current barriers to relevant data sharing across sectors such as education, justice and community health, for the purposes of informing child mental health and wellbeing (action 4.1.d)
 - Embedding evaluation in program and service delivery from the beginning, with reporting of findings required to receive further funding (action 4.2.a)
 - Including implementation evaluation as a core component of programs delivered in schools and early childhood learning settings to identify what is required to ensure fidelity (action 4.2.c).
- Require supports to be based on and continue to involve high-quality research and evaluation through:
 - Funding parity for child mental health research and child physical health (action 4.3.a)
 - Targeted funding allocated on the basis of priorities including gaps in current treatment knowledge and the needs of priority populations (action 4.3.b).

